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CONFIRMATION NO. 8446

SERIAL NUMBER 10/667,164	FILING DATE 09/17/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 4285.17865-PROV FOR
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APPLICANTS

Gary J. Pond, Racine, WI;

** CONTINUING DATA *****
 This appln claims benefit of 60/411,297 09/17/2002
8c

** FOREIGN APPLICATIONS *****
NOTE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/12/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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 26308
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TITLE
 Handheld device for applying dental materials

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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